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CONFIRMATION NO. 5416

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|--|---|--------------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/781,875   | <b>FILING OR 371(c)<br/>DATE</b><br>02/20/2004<br><b>RULE</b>   | <b>CLASS</b><br>348                  | <b>GROUP ART UNIT</b><br>2622  | <b>ATTORNEY<br/>DOCKET NO.</b><br>0879-0428P |                                    |
| <b>APPLICANTS</b><br>Masanori Yoshida, Asaka-shi, JAPAN;<br>Hiroshi Tanaka, Asaka-shi, JAPAN;<br><br><b>** CONTINUING DATA *****</b><br>This application is a DIV of 09/497,120 02/03/2000 PAT 6,850,273<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 11-026605 02/03/1999<br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/14/2004</b> |   |                                      |  |  |                                    |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>Allowance</u><br>Acknowledged <u>Examiner's Signature</u> <u>Initials</u>                           |   | <b>STATE OR<br/>COUNTRY</b><br>JAPAN | <b>SHEETS<br/>DRAWING</b><br>17  | <b>TOTAL<br/>CLAIMS</b><br>5                 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>2292   |   |                                      |  |  |                                    |
| <b>TITLE</b><br>Digital camera   |   |                                      |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |